

CalPERS Medical Plans Comparison Chart

Coverage Details	CalPERS HMO	CalPERS Kaiser HMO*	CalPERS PPO: PERSChoice* & Select**		CalPERS PERSCare PPO*	
	Anthem Blue Cross: Select & Traditional; Blue Shield: Access & NetValue; Health Net: Salud y Mas & SmartCare; Sharp Performance Plus; UnitedHealthcare Alliance		In-Network	Out-Of-Network	In-Network	Out-Of-Network
Calendar Year Deductible	None	None	\$500 individual \$1,000 family		\$500 individual \$1,000 family	
Out-Of-Pocket Maximum	\$ 1,500 individual \$3,000 family	\$ 1,500 individual \$3,000 family	\$3,000 individual \$6,000 family	None	\$2,000 individual \$4,000 family	None
Lifetime Maximum	None	None	None		None	
Physician Office Visits	\$15 co-pay/visit	\$15 co-pay/visit	\$20 co-pay/visit	You pay 40%	\$20 co-pay/visit	You pay 40%
Diagnostic Lab & X-Ray	No charge	No charge (Some procedures may require a co-pay)	You pay 20%	You pay 40%	You pay 10%	You pay 40%
Annual Physical Exams	No charge	No charge	No charge	You pay 40%	No charge	You pay 40%
Well Baby Care	No charge	No charge	No charge	You pay 40%	No charge	You pay 40%
Emergency Room	\$50 co-pay/visit; waived if admitted	\$50 co-pay/visit; waived if admitted	20% after \$50 deductible; waived if admitted	20% after \$50 deductible; waived if admitted	10% after \$50 deductible; waived if admitted	10% after \$50 deductible; waived if admitted
Urgent Care Non-Emergency	\$15 \$50 co-pay/visit; waived if admitted	\$15 \$50 co-pay/visit; waived if admitted	\$20 \$20	40% 40%	\$20 10%	40% 40%
Hospital Services	No charge	No charge	You pay 20-30% (IPERS Select Only) 20%	You pay 40%	You pay 10% (\$250/ admission inpatient facility deductible)	You pay 40% (\$250/ admission inpatient facility deductible)
Chiropractic	Not covered *Call carrier for possible discounts	Not covered *Call carrier for possible discounts	20% up to 15 visits/cal yr. (combined w/out-of-network)	40% up to 15 visits/cal yr. (combined w/in-network)	10% up to 20 visits/cal yr. (combined w/out-of-network)	40% up to 20 visits/cal yr. (combined w/in-network)
Hearing Aids Exams Materials	No Charge \$1,000 max/36 months	No Charge \$1,000 max/36 months	20% 20% 1 hearing device every 36 months	40% 40% 1 hearing device every 36 months	10% 10% 1 hearing device every 36 months	40% 40% 1 hearing device every 36 months
Prescription Generic Brand Non-formulary	30-day supply ¹ \$5 co-pay \$20 co-pay \$50 co-pay	30-day supply \$5 co-pay \$20 co-pay N/A	30-day supply ^{1 2} \$5 co-pay \$20 co-pay \$50 co-pay	30-day supply ^{1 2} \$5 co-pay \$20 co-pay \$50 co-pay	34-day supply ^{1 2} \$5 co-pay \$20 co-pay \$50 co-pay	34-day supply ^{1 2} \$5 co-pay \$20 co-pay \$50 co-pay
Mental Health Inpatient Outpatient	No charge No Charge (exceptions may apply)	No charge \$15/individual	20% 20%	40% 40%	10% \$20 per visit	40% 40%
Substance Abuse Inpatient Outpatient	No charge No Charge (exceptions may apply)	No charge \$15/individual	20% 20%	40% 40%	10% \$20 per visit	40% 40%

¹Implementation of specialty & biotech drug management, education & compliance programs for the following: Asthma, Rheumatoid arthritis, Multiple sclerosis, Cancer treatment/blood modifying agents, Hepatitis C, Psoriasis & Growth hormones. Implementation of promotion of over-the-counter (OTC) drugs when available.

² Mandatory mail service for maintenance drugs. Mail Service would be mandatory after the 2nd fill of Rx at retail pharmacy OR Member will be charged the appropriate mail service co-pay for a one month supply at retail.

*PERS eligible UPEC members only.

** These benefit summaries only highlight your benefits. They are not summary plan descriptions (SPDs). If any discrepancy exists between this summary and the official documents, the office documents will prevail.

** Smaller network of high performance providers.